Application or Docket Number									ber	
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000						69846193				
CLAIMS AS FILED - PART I (Column 1) (Column 2)					MALL I	ENTITY	OR	OTHER		
TOTAL CLAIMS				ſ	RATE	FEE	ř	RATE	FEE"	٠.
FOR	NUMBER FILED	MUMB	ER EXTRA		ASEC FE	355.00	ОЯ	Basic Fee	710.00	7
TOTAL CHARGEABLE CLAIMS	27 minus 20=	. 1	.16.		X\$ 9-	**;	OR	X\$18=	n ib:	\mathbf{f}
RIDEPENDENT CLAIMS	(minus 3 a	· Z.	.4.		X40⇒	7	OR	X80a	780	: "
MULTIPLE DEPENDENT CLAIM PRESENT				41355			•	+270-		
* If the difference in column 1 is less than zero, enter *0* in column 2				E	TOTAE		OF)	TOTAL	146	
CLAIMS AS AMENDED - PART II						Space	ЮB.	OTHER		
12 64 (Calumn 1)	(Cod	umn 2)	(Column 3)	- 1	SMALI	ENMIY	ΘŔ	SMÁLL		
CLAIMS REMAINING	NU	MESY	PRESENT	$\cdot F$	RATE	HODA	٠٠٠	RATE	ADDI-	
REMAINING AFTER AMENOMENT Total		D FOR	EXTRA .	_	20	FEE	***		FEE	
Total • 9	Minus	<u>37 </u>			X\$ 94		ÒŦ,	X\$18=	12.	
	Minus	O'.			24 0-		OR	X00-	-	7.
FIRST PRESENTATION OF MULTIPLE DEPENDENT COMM					435	9.5	OR.	4270 ×	26.5	
				L	7007		ÓB:	TOTAL ADDIT FEE		4
9-13-05 (Column 1)	(08	umn 2)	(Column 3)		44		**			
CLAIMS BEMANING	NO.	MEST .	PRESENT		a sije	(ADDI:		1	-ABOF	1
DI AVENDMENT	. : PAS	D FOR	EXTRA		1	TONAL		PATE	TIONAL FEE	7
AFTER AMENDMENT Total / / / / / / / / / / / / / / / / / / /	Mimā •	<u> 31</u>	· 0	**	XS G		OR	X\$18=	* /	* **
	Minus	<u>: 6</u>	· &	•	X40-	-	OR.	786-	,,,,,,	
FIRST PRESENTATION OF M	OCTORE DEPENDE	NI CLAIM			+135=	1. 1. 1.	OR:		: • .	
	•			Ļ	TOTA		GR:	TOTAL		
(Column 1)	· · · (Cal	lumn 2)	(Column 3)	بمبير	og F		د با	ADDIT, FEE	4.1-4m2	不够
CLAINS REMAINING	Pik	MEST	PRESENT	Г		ADDI-		:		. 3
AFTER AMENDMENT		VIOUSLY ID FOR	EXTRA		RATE	TIONAL	•	RATE	TIONAL:	-0.
Total • 1	Minus	32	•		X\$ 9-	- nakapinda	OR	x318-	3	. 12
AFTER AMENDMENT Total - // Independent - //	Minus •••	6	سنا		X40-		Ċ	X80=		1 8
FIRST PRESENTATION OF M	RULTIPLE DEPENDE	NT CLAIM		╵┞		1			 	*
* If the entry in column 1 is less then the entry in column 2, write "0" in column 3.					+135=		OR	+270-	 -	
"If the "righest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20," "If the "righest Number Previously Paid For" by THIS SPACE is less than 3, enter "3."					DOTT. FE		OR	ADDIT. FEE		ૄ
The Tilghest Number Previously Paid For" (Total or Independent) is the Highest number found in the appropriate box in column 1.										
PORM PTO 475				<u> </u>	d and Tou	lement Office, U	R OF	MITMENT O	COMMERC	